MOUNTAIRE  Request for Vacation or Floating Holiday					
	request for	vacation o	r Floating Holid	ay	
SECTION 1 To Be Compl	eted by Employee	Date of Request	10/30/03	Dept	<u> රහා #</u> ఎ
Employee Name: Arthur	tosque		ss# 201-34-3	196 8800	☐ Hourly ☐ Salaried
VACATION:			equested FROM	то	
☐ Full Day	Date Requested			10	Davis
☐ Extended Period	Dates Requested	FROM	то		Davis
FLOATING HOLIDAY: Date Requested	Nov.71	L, 2003	(circle one) Calendar Anni	versary	Paushdo
I understand that if this request is a contact my supervisor and the Hun	granted, I am to retur	rn on the next sche			my return, I will
Himployee Signature		ment to advise th	em of my circumstances.	They will counsel (	accordingly.
Thiployee Signature Y			Date	*	
NOTE: This form must be completed off. If 2-week notification is not gi	eted and received by t ven, vacation/holiday	the Human Resou pay may be delay	rces Department at least 2 /ed.	weeks prior to the	requested day(s)
SECTION 2 To Be Comple	ted by Human Resor	WZ C G G	DATE OF HIRE:	4 11	7
		ur ces	DATE OF HIRE:	<u>" / 1/6 //</u>	83 HC") 1
<u>V</u> aca	tion .		Ī	loating Holida	i <u>ys</u>
<ol> <li>Total Days Eligible:</li> <li>Days Taken:</li> </ol>	**************************************		Total Days Elig	ible:	
<ul><li>Days Taken:</li><li>Days Requested:</li></ul>			Days Taken:		<del>- Distan</del>
4) Days Remaining:	<del> </del>	<del></del>	Days Requested		
Days remaining.	(1 - 2 - 3 = 4)		Days Remainin	g:	NOV 9 3 200
				VI,	EEK ENDS
Human Resources Representative's	Signature		Date		
SECTION 3 To Be Complete	ted by Employee's Si	upervisor(s) and/o	r Manager(s)		
SUPERVISOR: Approved S	Disapproved □	/	SUPERINTENDENT:	Approved [	Disapproved □
Signature Von	10/32	103			
Signature	Dafe		Signature		Date
FOREMAN: Approved []	Disapproved		PLANT MANAGER:	Approved []	Disapproved 🗆
Signature	Date		Signature		Date
NOTE: PINK TO EMPLOY IF DISAPPROVED,	EE; YELLOW TO PAY REASONS WILL BE ST	ROLL; WHITE TO TATED ON REVERS	PERSONNEL/VACATION F E SIDE.	ILE.	

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· · · · · · · · · · · · · · · · · · ·		ARMS OF DELMARVA ation or Floating Holiday
		of Hire 4 14 10 Dept. 5620  Onion  SS# 221-34-3196  Salaried
VACATION:	Date Requested	,
FLOATING HOLIDAY: Date Reques	ed Nov. 15th, 20	(circle one) Calendar Anniversary
I understand that if this requewill contact my supervisor and accordingly.  Latture 7 on Employee Signature	the Human Resources Depa	on the next scheduled work day. If anything should prevent my return, I artment to advise them of my circumstances. They will counsel
NOTE: This form must be cor off. If 2-week notification is no	pleted and received by the H	
Va	cation	Floating Holidays " 91 0CT 19
<ol> <li>Total Days Due:</li> <li>Days Requested:</li> <li>Days Remaining:</li> </ol>	(1 - 2 - 3)	NOV 1.7 2001 Days Remaining
Human Resources Representat	ive's Signature	VEEK ENDING
SECTION 3 To Be Co	mpleted by Employee's Supe	SUPERINTENDENT: Approved \( \square\) Disapproved \( \square\)
Signature	Date	Signature Date
FOREMAN: Approved E	Disapproved []	PLANT MANAGER: Approved Disapproved C
Signature	· · Date	Signature Date
	PLOYEE; YELLOW TO PAYRO YED, REASONS WILL BE STATE	DLL; WHITE TO PERSONNEL/VACATION FILE.  ED ON REVERSE SIDE.  D00028

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M	OUNTAIDEE	ARMS OF DELMARVA		
		ation of Floating Holiday	<b>.</b>	
SECTION 1 To Be Complete	ted by Employee Date o	f Hire 4 16 01	Dept51	
Employee Name: Arthu	r Fosque	_ss#_ <u>221-34-3196</u>	Unio Non-	Union Hourly
VACATION:	0	WK		$\overline{}$
☐ ½ Day ☐ Puli Day(s)	Date Requested	noneyonly	( I wax	Due )
FLOATING HOLIDAY:		(circle one)		
Date Requested		Calendar Annivers	агу	
contact my supervisor and the Hun  Luthw 7 R Employee Signature	nan Resources Department  Grant State of the Hure of t	/ Date man Resources Department at least 2 wee	ey will counsel a	ccordingly. <u>5/2/82</u>
SECTION 2 To Be Compl	eted by Human Resources	1		42 HAY 3
Vaca	<u>tion</u>	Flo	oating Holida	<u>ys</u>
1) Total Days Due:		Total Days Due:		
2) Days Requested:	-	Days Requested:		
3) Days Remaining:	(1-2=3)	Days Remaining:		
	(1-2-3)	The state of the s		
Human Resources Representative'	s Signature	Date		
SECTION 3 To Be Compl	leted by Employee's Super	visor(s) and/or Manager(s)		•
SUPERVISOR: Approved	Disapproved	SUPERINTENDENT:	Approved []	Disapproved
Will Worr	5/2/0 Date	Signature		Date
FOREMAN: Approved	Disapproved 🛘	PLANT MANAGER:	Approved [	Disapproved 🗆
1				
Signature	Date	Signature	1	Date

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MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday					
SECTION 1 To Be Completed by Em	ployee Date of Hire	4/16/01	Dept. 5620		
Employce Name: 1/24/1401) +	Sque Sic. sss		Union  Non-Union Hourly Salaried		
VACATION:	C				
☐ ½ Day Date Re	quested				
FLOATING HOLIDAY:		(circle one)			
Date Requested Mary	10-2002	Calendar Annive	rsary		
I understand that if this request is granted, I a contact my supervisor and the Human Resout	m to return on the next ces Department to advi	scheduled work day. If anythin se them of my circumstances. I	ng should prevent my return, I will They will counsel accordingly.		
Employee Signature			2/02		
V		Date			
NOTE: This form must be completed and rec If 2-week notification is not given, vacation/ho	eived by the Human Res	sources Department at least 2 we	eeks prior to the requested day(s) off.		
SECTION 2 To Be Completed by Hu  Vacation	man Resources	E	oating Holidays		
1) Total Days Duc:	······	Total Days Due:	-		
2) Days Requested:		Days Requested:			
3) Days Remaining:	-	Days Remaining			
(1 - 2 =	3)				
Human Resources Representative's Signature		Date			
SECTION 3 To Be Completed by Em	ployee's Supervisor(s)	and/or Manager(s)	•		
SUPERVISOR: Approved Disappro	oved 🗆	SUPERINTENDENT:	Approved □ Disapproved □		
Willer Van 4	1/17/02				
Signature	Date	Signature	Date		
FOREMAN: Approved [] Disapproved	oved 🗆	PLANT MANAGER:	Approved Disapproved D		
Signature	Date	Signature	Date		
NOTE: PINK TO EMPLOYEE; YELL IF DISAPPROVED, REASONS	OW TO PAYROLL; WIIIT WILL BE STATED ON RE	TE TO PERSONNEL/VACATION FII VERSE SIDE.	D00030		

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MOUNTA	IRE				
Request for Vacation or Floating Holiday					
	1/1/1-2				
SECTION 1 To Be Completed by Employee Date of Request					
Employee Name: Leon Tucker	SS# <u>222-50-8800</u> A Hourly Salaried				
VACATION:  Other Time Rec	quested FROMTO				
☐ Full Day Date Requested					
☐ Extended Period Dates Requested FROM	то				
FLOATING HOLIDAY: Date Requested #15/03 only	Calendar Anniversary Work				
I understand that if this request is granted, I am to return on the next sche contact my supervisor and the Human Resources Department to advise the second	11/4/03				
Employee Signature					
NOTE: This form must be completed and received by the Human Resou off. If 2-week notification is not given, vacation/holiday pay may be delay	rces Department at least 2 weeks prior to the requested day(s) yed.				
SECTION 2 To Be Completed by Human Resources	DATE OF HIRE: 1 / 16 / 03				
Vacation Vacation	Floating Holidays				
	Total Days Eligible:				
1) Total Days Eligible:	Days Taken:				
2)	Days Requested:				
3) Days Requested: 4) Days Remaining:	Days Remaining: PAVDO:				
(1 - 2 - 3 = 4)	NOV 08 2003				
	1 A second				
Human Resources Representative's Signature	Date VVCEN - Wilder				
SECTION 3 To Be Completed by Employee's Supervisor(s) and	Vor Manager(s)				
SUPERVISOR: Approved Disapproved D	SUPERINTENDENT: Approved □ Disapproved □				
11/4/03					
Signature Date	Signature Date				
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved □ Disapproved □				
Signature Date	Signature Date				
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITI IF DISAPPROVED, REASONS WILL BE STATED ON REV	E TO PERSONNEL/VACATION FILE.				

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	FARMS OF DELMARVA cation or Floating Holiday
SECTION 1 To Be Completed by Employee Date	e of Hire 4897 Dept. 5620
Employee Name: RUSSELL West	SS#_221-36-4570 Salaried
VACATION:	
•	
FLOATING HOLIDAY:  Date Requested   TO ONE Y ON	ONY (circle one)  Calendar Anniversary
i understand that if this request is granted I am to return o	n the next scheduled work day. If anything should prevent my return, I will ent to advise them of my circumstances. They will counsel accordingly.
Employee Signature	Date 2/12/02
NOTE: This form must be completed and received by the I If 2-week notification is not given, vacation/holiday pay may	luman Resources Department at least 2 weeks prior to the requested day(s) off, y be delayed.
SECTION 2 To Be Completed by Human Resource	ces 14 FEE 14
<u>Vacation</u>	Floating Holidays
1) Total Days Due: 2) Days Requested:	Total Days Due: Days Requested: Days Remaining:
3) Days Remaining: (1 - 2 = 3)	
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Sup	pervisor(s) and/or Manager(s)
SUPERVISOR: Approved Disapproved	SUPERINTENDENT: Approved ☐ Disapproved ☐
Signature Date	Signature Date
FOREMAN: Approved   Disapproved	PLANT MANAGER: Approved ☐ Disapproved ☐
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYI IF DISAPPROVED, REASONS WILL BE \$17	ROLL; WHITE TO PERSONNEL/VACATION FILE.  D00032

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MOUNTAIRE FARM Request for Vacation		·
SECTION 1 To Be Completed by Employee Date of Hire _		5620_
Employee Name: Russell West ss#		Non-Union Hourly Salaried
VACATION:	,	
☐ ½ Day  □ Full Day(s)  □ Date(s) Requested □	yorly (2 Weets	)
FLOATING HOLIDAY:	(circle one)	
Date Requested	Calendar Anniversary	
Employee Signature  NOTE: This form must be completed and received by the Human Result 2-week notification is not given, vacation/holiday pay may be delayed.  SECTION 2  To Be Completed by Human Resources	Date sources Department at least 2 weeks prior to d.	the requested day(s) off. 02 MAR 25
<u>Vacation</u>	Floating H	olidays
1) Total Days Due:	Total Days Due:	
2) Days Requested:	Days Requested:	
3) Days Remaining: (1 - 2 = 3)	Days Remaining:	
Human Resources Representative's Signature	Date	
SECTION 3 To Be Completed by Employee's Supervisor(s)  SUPERVISOR: Approved Disapproved	and/or Manager(s)  SUPERINTENDENT: Approved	l □ Disapproved □
Signature Date	Signature	Date .
FOREMAN: Approved  Disapproved	PLANT MANAGER: Approved	d
Signature Date	Signature	Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHI  IF DISAPPROVED, REASONS WILL BE STATED ON RI	TE TO PERSONNEL/VACATION FILE.	

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PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE

IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

NOTE:

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MOUNTAIRE FAR Request for Vacatio	MS OF DELMARVA on or Floating Holiday
SECTION 1 To Be Completed by Employee Date of Hir	Union
Employee Name: Wardell Foremans	SS# 314-66-9479 O Salaried
VACATION:	
☐ ½ Day Date Requested	
☐ Full Day(s) Date(s) Requested	
FLOATING HOLIDAY:	(cycle one)
Date Requested Money only	(Calendar) Anniversary
I understand that if this request is granted, I am to return on th will contact my supervisor and the Human Resources Departm	heat scheduled work day. If anything should prevent my return, I ent to advise them of my circumstances. They will counsel
accordingly.	
Jaradel Trerry	\$ 1-10.02 Date
Employee Signature	nan Resources Department at least 2 weeks prior to the requested day(a)
NOTE: This form must be completed and received by the ridinal off. If 2-week notification is not given, vacation/holiday pay may	y be delayed.
	_
SECTION 2: To Be Completed by Human Resources	e e e e e e e e e e e e e e e e e e e
Vacation	Floating Holidays
1) Total Days Duc:	Total Days Due:
2) Days Requested:	Days Requested:
3) Days Remaining	Days Remaining:
(1 - 2 = 3)	
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervi	isor(s) and/or Manager(s)
SUPERVISOR: Approved 🗵 Disapproved 🖸	SUPERINTENDENT: Approved □ Disapproved □
Willer Down 01/10/02	
Signature Date	Signature Date
FOREMAN: Approved [] Disapproved []	PLANT MANAGER: Approved []
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE, YELLOW TO PAYROLL IF DISAPPROVED, REASONS WILL BE STATED	

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	MOUNTAIRE FAI Request for Vacati	OMS OF DELMAR on or Floating Holida	
			Dept. 5620  Winion  Of Discourse Hourt
Employee Name: Worde	ell Foreman		7'1
VACATION:	Date Requested YMON  Date(s) Requested	ulil ey only &	Queeks
FLOATING HOLIDAY:		(circle one)	
Date Request	ed	Calendar Anni	versary
contact my supervisor and the h	is granted, I am to return on the i fuman Resources Department to	odvise them of my circumstances.	hing should prevent my return, I w. They will counsel accordingly,
NICOTTO TTO C	inleted and received by the Human	Possurena Dunastmani at loast 7	tunder prior to the connected dust's
	en, vacation/holiday pay may be de		weeks phot to the requested day(s)
If 2-week notification is not give SECTION 2 To Be Con	n, vacation/holiday pay may be de		Floating Holidays
If 2-week notification is not give SECTION 2 To Be Con	n, vacation/holiday pay may be de		Floating Holidays
If 2-week notification is not give  SECTION 2  To Be Con  Ya	n, vacation/holiday pay may be de	elayed.	Floating Holidays
If 2-week notification is not give  SECTION 2  To Be Con  Va  1)  Total Days Due:	n, vacation/holiday pay may be de	elayed Total Days Di	Floating Holidays ue: ed:
SECTION 2 To Be Con  Ya  1) Total Days Due: 2) Days Requested: 3) Days Remaining:	n, vacation/holiday pay may be de	Played Total Days Di Days Request	Floating Holidays  ue: ed: Floating Holidays  ing: Floating Holidays
SECTION 2 To Be Con  Ya  1) Total Days Due: 2) Days Requested:	n, vacation/holiday pay may be described by Human Resources  cation  (1 - 2 = 3)	Played Total Days Di Days Request	Floating Holidays  ue: ed:  Vicinity To the property of the pr
SECTION 2 To Be Con  Va  1) Total Days Due: 2) Days Requested: 3) Days Remaining: 41 333 56  Human Resources Representative	n, vacation/holiday pay may be described by Human Resources  cation  (1 - 2 = 3)	Total Days Do Days Request Days Remain Date	Floating Holidays  ue: ed:  Vicinity To the property of the pr
SECTION 2 To Be Con  Va  1) Total Days Due: 2) Days Requested: 3) Days Remaining: 41 333 56  Human Resources Representative	n, vacation/holiday pay may be denoted by Human Resources  cation  (1 - 2 = 3)  ve's Signature  npleted by Employee's Superviso	Total Days Do Days Request Days Remain Date	Floating Holidays  ue: ed:
SECTION 2 To Be Con  Va  1) Total Days Due: 2) Days Requested: 3) Days Remaining: 44 553 50  Human Resources Representative  SECTION 3 To Be Con	n, vacation/holiday pay may be denoted by Human Resources  cation  (1 - 2 = 3)  ve's Signature  npleted by Employee's Superviso	Total Davs Di Days Request Days Remain Date r(s) and/or Manager(s)	Floating Holidays  ue: ed:
SECTION 2 To Be Con  Va  1) Total Days Due: 2) Days Requested: 3) Days Remaining: 41 533 54  Human Resources Representative  SECTION 3 To Be Con  SUPERVISOR: Approved Co	npleted by Human Resources  (1 - 2 = 3)  ve's Signature  Disapproved  Disapproved  Date	Total Days Do Days Request Days Remain  Date  r(s) and/or Manager(s)  SUPERINTENDENT	Floating Holidays  ue: ed:  Viscolar State  Approved Disapprove  Date

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		FARMS OF DELMARVA acation or Floating Holiday
GECTION 1	leted by Employee D	ate of Hire 2/23/96 Dept. 5620
Employee Name: Ward	ell Hore	85# 214-66-9479   Non-Union Hourly   Salaried
VACATION:		
□ ½ Day	Date Requested	
☐ Full Day(s)	Date(s) Requested _	already paid HE 1-12-12
FLOATING HOLIDAY: Date Requeste	Money C	(circle one)  Calendar Anniversary
I understand that if this request to contact my supervisor and the H	s granted, I am to return uman Resources Departn	on the next scheduled work day. If anything should prevent my return, I will nent to advise them of my circumstances. They will counsel accordingly.
L. R. Mell More Signature	<b>&amp;</b>	Date Office
NOTE: This form must be comp If 2-week notification is not given	eleted and received by the n, vacation/holiday pay m	Human Resources Department at least 2 weeks prior to the requested day(s) off.
SECTION 2 To Be Com	pleted by Human Resou	rces
<u>Vac</u>	ation	Floating Holidays
1) Total Days Due:		Total Days Due:
2) Days Requested:		Days Requested:
3) Days Remaining:		Days Remaining:
	(1 - 2 = 3)	
Human Resources Representative	e's Signature	Date
SECTION 3 To Be Comp	oleted by Employee's Su	pervisor(s) and/or Manager(s)
SUPERVISOR: Approved	Disapproved [	SUPERINTENDENT: Approved  Disapproved
Signature Our	Date	Signature Date
FOREMAN: Approved	Disapproved	PLANT MANAGER: Approved ☐ Disapproved ☐.
Signature	Date	Signature Date
NOTE: PINK TO EMPI IF DISAPPROVI	OYEE: YELLOW TO PAY	ROLL; WHITE TO PERSONNEL/VACATION FILE. D00037

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	Request for Vac			_ Dept5(	20
SECTION 1 To Be Complete	ed by Employee Date	of Hire 1-62000			
				Union Non-U	nion Hourly
nployee Name Thomas	Mexic	ss# <del>222-38-39</del>	8/0	Salarie	
ACATION:					
☐ ½ Day	Date Requested				
☐ Full Day(s)	Date(s) Requested				
LOATING HOLDAY	Money Only		le one) Anniversa	ay Î	Both
		well more schoduled work do	y. If anything	should prevent my	return, I will
understand that if this request is t ontact my supervisor and the Hun	nan Resources Departme	ent to advise them of my circu	ımstances. The	ey will counsel acc	orumgiy.
			Date	0 12 0-	<u> </u>
imployee Signature	•				tad dawe) of
IOTE: This form must be comple	eted and received by the I	luman Resources Department	t at least 2 wee	ks prior to the requ	iesieu day(s) or
NOTE: This form must be completed for 2-week notification is not given,	eted and received by the I vacation/holiday pay may	Human Resources Department y be delayed.	t at least 2 wee	ks prior to the requ	ested day(s) of
2-week notification is not given,	vacation/holiday pay may	y te neiayeu.	t at least 2 wee	ks prior to the requ	icsied day(s) of
SECTION 2 To Be Comp.	leted by Human Resource	y te neiayeu.		oating Holiday	
2-week notification is not given,	leted by Human Resource	ces	Flo		
SECTION 2 To Be Comp.  Vac:	leted by Human Resource	ces	<u>Fle</u> al Days Due:		
SECTION 2 To Be Comp.  Vac:  1) Total Days Due:  Days Requested:	leted by Human Resource	ces Total	<b>Fi</b> c al Days Due: ys Requested:	pating Holiday	7 <u>S</u>
Vaca  1) Total Days Due:	leted by Human Resource	ces Total	<u>Fle</u> al Days Due:	oating Holiday	7 <u>\$</u>
SECTION 2 To Be Comp.  Vac:  1) Total Days Due:  Days Requested:	leted by Human Resource	ces Total	<b>Fi</b> c al Days Due: ys Requested:	oating Holiday	15 7 10
SECTION 2 To Be Comp.  Vac:  1) Total Days Due: 2) Days Requested: 3) Days Remaining:	leted by Human Resource  (1 - 2 = 3)	ces Total	<b>Fi</b> c al Days Due: ys Requested:	oating Holiday	7 <u>\$</u>
SECTION 2 To Be Comp.  Vac:  1) Total Days Due:  2) Days Requested:  3) Days Remaining:	leted by Human Resource  (1 - 2 = 3)	ces Total	Flo al Days Due: ys Requested: ys Remaining:	oating Holiday	15 7 10
SECTION 2 To Be Comp.  Vac:  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative	leted by Human Resource  ation  (1 - 2 = 3)	ces Total	Fig. 1 Days Due: ys Requested: ys Remaining: Date	oating Holiday	15 710
SECTION 2  To Be Comp.  Yacr  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative  SECTION 3  To Be Comp.	leted by Human Resource  (1 - 2 = 3)  's Signature  pleted by Employee's Su	ces  Tota  Day  Day  pervisor(s) and/or Manager(	Fig.  Lal Days Due:  ys Requested:  ys Remaining:  Date	oating Holiday	15 7 10
SECTION 2 To Be Comp.  Vac:  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative  SECTION 3 To Be Comp.	leted by Human Resource  ation  (1 - 2 = 3)	ces  Tota  Day  Day  pervisor(s) and/or Manager(	Fig. 1 Days Due: ys Requested: ys Remaining: Date	oating Holiday	15 212
SECTION 2  To Be Comp.  Yacr  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative  SECTION 3  To Be Comp.  SUPERVISOR: Approved   William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved     William Days Due:  Approved     William Days Due:  Approved     William Days Due:  Approved	leted by Human Resource  (1 - 2 = 3)  's Signature  pleted by Employee's Su	ces  Tota  Day  Day  pervisor(s) and/or Manager(	Fig.  Lal Days Due:  ys Requested:  ys Remaining:  Date	oating Holiday	15 212
SECTION 2 To Be Comp.  Vac:  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative  SECTION 3 To Be Comp.	leted by Human Resource  (1 - 2 - 3)  's Signature  pleted by Employee's Su	pervisor(s) and/or Manager( SUPERINT	Fig.  Eal Days Due: ys Requested: ys Remaining: Date  (s)	Approved	Disapproved
SECTION 2  To Be Comp.  Yacr  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative  SECTION 3  To Be Comp.  SUPERVISOR: Approved   William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved    William Days Due:  Approved     William Days Due:  Approved     William Days Due:  Approved     William Days Due:  Approved	leted by Human Resource  (1 - 2 - 3)  's Signature  pleted by Employee's Su	pervisor(s) and/or Manager( SUPERINT	Fig.  Lal Days Due:  ys Requested:  ys Remaining:  Date	oating Holiday	Disapproved
SECTION 2  To Be Comp.  Vac:  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative  SECTION 3  To Be Comp.  SUPERVISOR: Approved  Signature	leted by Human Resource  ation  (1 - 2 = 3)  's Signature  pleted by Employee's Su  Disapproved   Date	pervisor(s) and/or Manager( SUPERINT	Fig.  Eal Days Due: ys Requested: ys Remaining: Date  (s)	Approved	Disapproved

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		FARMS OF DELMARVA ation or Floating Holiday	····································
SECTION 1 To Be Completed		of Hire 1-6-2000	Dept. 5620
Employee Name Thomas M	ομίτ.	SS# 222-38-3810	Union Non-Union Hourly Salaried
VACATION:	<b>7</b>	A STATE OF THE STA	
□ ½ Day D	ate Requested	The state of the s	
☐ Full Day(s) D	ate(s) Requested		
TLUATING HOLIDAY COMES Date Requested	loney Only	(circle one)	Both
I understand that if this request is gran	ted. I am to return on	the next scheduled work day. If conything s nt to advise them of my circumstances. The	nhould prevent my return, I will will counsel accordingly.
Thomas Mape	Resources Departmen		11202
Employee Signature		Dutc Dutc	
NOTE: This form must be completed If 2-week notification is not given, vaca	and received by the Hi ation/holiday pay may	uman Resources Department at least 2 week be delayed.	cs prior to the requested day(s) of
SECTION 2 To Be Completed	l by Human Resource	es in the second	
Vacatio	<u>n</u> .	Flo	ating Holidays
1) Total Days Due:	,-"	Total Days Due:	· · · · · · · · · · · · · · · · · · ·
2) Days Requested:		Days Requested:	To the second
3) Days Remaining:		Days Remaining:	VUI 15 202
(	1 - 2 = 3)		WEEK ENDING
Human Resources Representative's Si	gnature ·	Date	
SECTION 3 To Be Completed	l by Employee's Supe	ervisor(s) and/or Manager(s)	Section Section of the Section
SUPERVISOR: Approved	Disapproved []	SUPERINTENDENT:	Approved Disapproved
Wille Da			
Signature	Date	Signature	Date
FOREMAN: Approved [	Disapproved	PLANT MANAGER:	Approved Disapproved
Signature	Date	Signature	Date
NOTE: PINK TO EMPLOYE IF DISAPPROVED, R	E; YELLOW TO PAYR EASONS WILL BE STA	OLL: WHITE TO PERSONNEL/VACATION FILL TED ON REVERSE SIDE.	E D00039

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		MO	UNTAIRE		
		Time Of	Request F	orm -	
Name Tich	and f	as Kes	s.s.#_2	12-40-70	92
Date of Hire	17300		3- <i>14</i> -95 Dep	Chickenartment Chick	cher
GLUNION	I C	HON-UNION E	•	☐ SALARIED	5lett
(CHECK ONE). Vacation			Personal/Floatin (Holiday - Calendary	_	_
·			Personal/Floatin Holiday - Annive	-	· .
Day/Date(s) Requ	ested <u>07</u>	109/01	until 09/	raloi WK.	
I UNDERSTAND THA SHOULD PREVENT M. THEY WILL COUNSEL	Y RETURN I WILL CO	' IS GRANTED, I AM TO I NTACT MY SUPERVISOR,	RETURN ON THE NEXT S AND HUBLAN RESOURCE	CHEDULED WORK DAY AND THE STAND ADVISE THEM OF THE C	AT IF ANYTHING IRCUMSTANCES.
Richard P. Employee's Signature	reker		Date 19-	-01	ð; Juli 29 3:
julia (	Can IATURE		06/24/0 DATE	MAPPROVED (	IDISAPPROVED
FOREMAN'S SIGNAT	TURE	·	DATE	CAPPROVED C	EDISAPPROVED
SUPERINTENDENTS	SIGNATURE		DATE	CLAPPROVED C	IDISAPPROVED .
`			DA TE	PAYROLL DAPPROVED L	DISAPPROVED
PLANT MANAGER'S	SIGNATURE		DATE	JUN 3 0 200 WEEK ENDIN	1 IG
	FOR OFFICE USE		REQUESTED		
		·		<b>,</b> .	

FORM 011 wy:dire September 23, 1999

D00040

MOUNTAIRE FARM	S OF DELMARVA	:
Request for Vacation of	or Floating Holiday	
SECTION 1 To Be Completed by Employee Date of Hire_  Employee Name: Aichard Parker SS#	D Unio	Union Hourly
VACATION:		
Date Requested  Date(s) Requested	1-01 (1) luit	
FLOATING HOLIDAY:	(circle one)	
Date Requested	Calendar Anniversary .	
I understand that if this request is granted, I am to return on the new will contact my supervisor and the Human Resources Department to accordingly.  **Distributed** Parked**  Employee Signature  NOTE: This form must be completed and received by the Human Re off. If 2-week notification is not given, vacation/holiday pay may be completed.	Date  Department at least 2 weeks prior to the	ounsel
	7.11	
SECTION 2 To Be Completed by Human Resources	•	01 0EC 1
Vacation	Floating Holiday	,, <u>S</u>
1) Total Days Due:	Total Days Due:	
2) Days Requested:	Days Requested:	
3) Days Remaining (1-2=3) DEC 1	Days Remaining	<del> </del>
Human Resources Representative's Signature	Date	
SECTION 3 To Be Completed by Employee's Supervisor(s)	and/or Manager(s)	· · · · · ·
SUPERVISOR: Approved  Disapproved	SUPERINTENDENT: Approved	Disapproved
Wille Van 12/12/01		
Signature Date	Signature	Date
FOREMAN: Approved 🗆 Disapproved 🗅	PLANT MANAGER: Approved []	Disapproved []
Signature Date		•
ir	Signature	Date

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MOUNTAIRE FARM Request for Vacation	
	03.14.95 Dept. 56.20
	1
VACATION:  ☐ ½ Day  ☐ bate Requested  ☐ Full Day(s)  ☐ Date(s) Requested	
FLOATING HOLIDAY:  Date Requested Money Only	(circle one) In 2001
I understand that if this request is granted, I am to return on the nex contact my supervisor and the Human Resources Department to adv	Date
NOTE: This form must be completed and received by the Human R If 2-week notification is not given, vacation/holiday pay may be delay  SECTION 2  To Be Completed by Human Resources  Vacation	esources Department at least 2 weeks prior to the requested day(s) off. yed. Floating Holidays
1) Total Days Due:  2) Days Requested:  3) Days Remaining:  (1 - 2 = 3)	Total Days Duc:  Days Requested:  Days Remaining:
Human Resources Representative's Signature	Date
SECTION 3 To Be Completed by Employee's Supervisor( SUPERVISOR: Approved D Disapproved D	s) and/or Manager(s)  SUPERINTENDENT: Approved  Disapproved
Signature Date Date	Signature Date
FOREMAN: Approved □ Disapproved □	PLANT MANAGER: Approved ☐ Disapproved ☐
Signature Date	Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; W IF DISAPPROVED, REASONS WILL BE STATED ON	THITE TO PERSONNEL/VACATION FILE.  D00042

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M	OUNTAIRE FA	ARMS OF DELMARVA ation or Floating Holiday	
SECTION 1 To Be Complete	ed by Employee Date o	Of Hire 12 21 89 Dept. 9	Catcher Vunion 5030 Non-Union Hourly
mployee Name: Richard	ranker	_ SS# 2/2-70 10 / S C	Salaried
ACATION:			
☐ 1/2 Day ☐ Full Day(s)	Date Requested	÷	
LOATING HOLIDAY:	5-2-02	(circle one)  (Calendar) Anniversary	
ontact my supervisor and the Hum Richard Bark	nan Resources Departmen	the next scheduled work day. If anything should profit to advise them of my circumstances. They will con  4-26-  Date	mset accordingly.
f 2-week notification is not given,	vacation/holiday pay may		the requested day(s) of .
NOTE: This form must be comple if 2-week notification is not given,	eted and received by the Hu vacation/holiday pay may leted by Human Resource	be delayed.	w. inn.
NOTE: This form must be comple if 2-week notification is not given,	vacation/holiday pay may	es  Floating H	м чын .
NOTE: This form must be comple if 2-week notification is not given, SECTION 2	vacation/holiday pay may	rotal Days Due:	w. Hen.
NOTE: This form must be comple if 2-week notification is not given,  SECTION 2  To Be Comple  Vaca  1)  Total Days Due:  2)  Days Requested:	vacation/holiday pay may	Floating H  Total Days Due:  Days Requested:	м чын .
NOTE: This form must be comple if 2-week notification is not given,  SECTION 2  To Be Compl  Vaca  1)  Total Days Due:	vacation/holiday pay may	rotal Days Due:	w. inn.
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SECTION 2  To Be Comple  Vaca  1)  Total Days Due: 2)  Days Requested: 3)  Days Remaining:	vacation/holiday pay may  leted by Human Resource  ation  (1 - 2 = 3)	Total Days Due:  Days Requested: Days Remaining:	м чын .
SECTION 2  To Be Comple  Vaca  1)  Total Days Due: 2)  Days Requested: 3)  Days Remaining:	vacation/holiday pay may  leted by Human Resource  ation  (1 - 2 = 3)	Floating H  Total Days Due: Days Requested: Days Remaining:	Colidays
SECTION 2 To Be Comple  Yaca  1) Total Days Due: 2) Days Requested: 3) Days Remaining:  Human Resources Representative	vacation/holiday pay may  leted by Human Resource  ation  (1 - 2 = 3)	Total Days Due:  Days Requested: Days Remaining:	[olidays
SECTION 2  To Be Comple  Yaca  To all Days Due:  Days Requested:  Days Remaining:  Human Resources Representative  SECTION 3  To Be Comp	vacation/holiday pay may  leted by Human Resource  (1 - 2 = 3)  's Signature  pleted by Employee's Super	Total Days Due:  Days Requested: Days Remaining:  Date  Date	Colidays
SECTION 2  To Be Comple  Vaca  1)  Total Days Due:  2)  Days Requested:  3)  Days Remaining:  Human Resources Representative  SECTION 3  To Be Comp	vacation/holiday pay may  leted by Human Resource  ation  (1 - 2 = 3)  's Signature  Disapproved   Disapproved	Total Days Due: Days Requested: Days Remaining:  Date  Date  SUPERINTENDENT: Approve	Colidays  Disapproved C

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